Image# 28991846043 08/4/9#20/08 16:32

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	7			
NARAL Pro-Choice America				
10.11.1.2.1.10.01.00.00				
(b) Address (number and street)				
Suite 700 (c) City, State and ZIP Code				
	3. FEC Identification Number			
Washington DC 20005	C C90004185			
2. Corporate filers only Is the filer a qualified nonprofit corporation? X Yes No	300001100			
is the filer a qualified fromprofit corporation?				
Individual filers only Name of Employer	Occupation			
L TYPE OF PEROPT (L.				
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report	Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
☐ January 31 Year-End Report				
□ January ST real-End heport				
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \overline{X} \)				
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
THROUGH				
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
6. TOTAL CONTRIBUTIONS	0.00			
	0000 40			
7. TOTAL INDEPENDENT EXPENDITURES	3338.42			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, o request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, i reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation.	f the independent expenditures			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
John Botts	00/10/0000			
	08/19/2008			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.				

 $For \ further \ information, \ contact:$

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES NAME OF FILER (In Full)

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NARAL Pro-Choice America			
Full Name (Last, First, Middle Initial) of Payee NARAL Pro-Choice America		Date	
Mailing Address 1156 15th Street, NW, Suite 700		Amount	
City Stat Washington DC	r	14.40	
Purpose of Expenditure List Rental (6/19 Mailing	T	ice Sought: House State: DC Presidential Senate Senate	
Name of Federal Candidate Supported or Opposed by Exper Barack Obama		President District: 00 eck One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	200503.46	bursement For: X Primary General 2008 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	'	Date	
John Muscara Design		M M / D D / Y Y Y Y	
Mailing Address 263 Smith Street		Amount	
City Stat Freeport NY	r	526.68	
Purpose of Expenditure Graphic design services	Category/	residential Senate District: 00	
Name of Federal Candidate Supported or Opposed by Exper Barack Obama		eck One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	200502.46	bursement For: X Primary General 2008 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee USPS		Date	
Mailing Address		Amount 2 0 0 8	
City Stat Washington DC	•	470.82	
Purpose of Expenditure Postage (8-19 mailing)	T	ice Sought: House State: DC Presidential Senate District 00	
Name of Federal Candidate Supported or Opposed by Exper Barack Obama		President District: 00 eck One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	200503.46	bursement For: X Primary General 2008 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures		1011.90	
(b) SUBTOTALof Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			

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FOR LINE 7 FOR FORM 5

NARAL Pro-Choice America			
Full Name (Last, First, Middle Initial) of Payee Google			Date
Mailing Address PO Box 39000			M M / D D / Y Y Y Y Y Amount
City San Francisco	State CA	Zip Code 94139-3181	70.00
Purpose of Expenditure On-line Advertising		Category/ Type	Office Sought: House State: DC Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by B John McCain	Expenditure:		Check One: X President District: 00
Calendar Year-To-Date Per Election for Office Sought		299593.46	Disbursement For: X Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Google			M M / D D / Y Y Y Y Y Y 1 1 9 2 0 0 8
Mailing Address PO Box 39000			Amount
City San Francisco	State CA	Zip Code 94139-3181	70.00
Purpose of Expenditure On-line Advertising		Category/ Type	Office Sought: House State: DC Presidential Senate X D D D D
Name of Federal Candidate Supported or Opposed by Barack Obama	Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		299593.46	Disbursement For: X Primary General 2008 Other (specify)
Full Name (Last, First, Middle Initial) of Payee McArdle Printing Co.			Date Date D D
Mailing Address 800 Commerce Drive			Amount
City Upper Marlboro	State MD	Zip Code 20774	2186.52
Purpose of Expenditure Printing (8-19 Mailing)		Category/ Type	Office Sought: House State: DC Presidential Senate District: 00
Name of Federal Candidate Supported or Opposed by Barack Obama	Expenditure:		Check One: X Support Oppose
Calendar Year-To-Date Per Election for Office Sought		299593.46	Disbursement For: X Primary General 2008 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures .			2326.52
(b) SUBTOTALof Unitemized Independent Expenditure	es		
(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)			3338.42